

Minnesota Correctional Facility

## Offender Voucher / Special Center Form

Multiple Copies: Type or Press Firmly, Must Be Completed in Ink

EXHIBIT 2

Offender Name MARC BAKEMBIER OID # 248643 Living Unit 14 Bed 432Payable To Discipline / Ms. LANA

Address \_\_\_\_\_

Transfer from Spending to Savings: \$ \_\_\_\_\_

Transfer from Savings to Spending: \$ \_\_\_\_\_

Transfer from Spending to Gate: \$ \_\_\_\_\_

Reason for withdrawal (According to DOC Policy 300.100)

Vendor Order X Copies \_\_\_\_\_

Money Sent \_\_\_\_\_ Phone PIN \_\_\_\_\_

State Issue \_\_\_\_\_ Library Fees \_\_\_\_\_

Postage/Ship \_\_\_\_\_

RECEIVED  
BY MAIL

FEB 16 2021

VENDORS: NO SUBSTITUTES, BACK ORDERS, OR CREDITS. REFUNDS BY CHECK ONLY.

CLERK

Quantity	Description	Catalog #	Page #	Size	Color	Ship wt.	U.S. District Court Price	Total Price
							MINNEAPOLIS, MINNESOTA	
224	Copier						4.25	56.00

MUST Complete ONE Ship To Address:

Ship to: (Your Name and OID)

OR

Ship to:

MCF-

Sub Total

Tax

S/H Charge

TOTAL

APPROVALS Please Charge \$ 56.00 to my spending account.

Offender Signature

OID #

Unit LT Signature (Requests of \$500 or more)

Date

Signature of Staff Verifying Offender ID/Signature

Date

Property Signature/Hobby craft Signature

Date

Printed Name of Staff

Date

Religious Services Signature

Date

Processed By

Date Processed

